

PUBLIC VOUCHER FOR PURCHASES /
SERVICES OTHER THAN PERSONAL

D. O. Vou. No. _____
Bu. Vou. No. 2362

U. S. COST REIMBURSABLE
(Department, bureau, or establishment)

Voucher prepared at _____
(Give place and date)

THE UNITED STATES, Dr., Payee's Account No. _____

To _____
(Payee)

PAID BY
Incl #6
D.P.D.-0632-59
COPY 1 OF 2

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Costs				\$5,361.	52

PAYMENT:

Complete ☐
Partial ☐
Final ☐

Use continuation sheet(s) if necessary

Shipped from _____ to _____ Weight _____ Government B/L No. _____ Total \$5,361.52

I certify that the above bill is correct and just and that payment has not been received.

(Payee must NOT use this space)

Differences _____

(Sign original only)

Date 1-16-59 *Payee

(Signed when a like certificate is made by payee on attached bill or bills)

Amount verified; correct for

(Signature or initials) EL

Per

Title

Contract No. A-101 Date _____ Req. No. _____ Date _____ Invoice Rec'd.

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

† Approved for \$ _____

† _____
(Authorized Certifying Officer)

By _____

SIGN
ORIGINAL
ONLY

Title _____

Title _____ Date _____

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

Paid by { Check No. _____ dated _____, 19____, for \$ _____ (on Treasurer of the United States in favor of _____)
Cash, \$ _____, on _____, 19____ Payee _____
(Sign original only)

* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company check must be given, and, if the check is cashed, the name of the bank must be given. "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.
† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$ _____", and over his official title.

Title _____

STATOTHR

THE RAMO-WOOLDRIDGE CORPORATION

ACCOUNTS PAYABLE

WEEKLY DIGIT

DATE

12-1-58
12/23/58

FORM STL - 660

Approved For Release 2001/08/15 : CIA-RDP64-00360R000600040139-9

Approved For Release 2001/08/15 : CIA-RDP64-00360R000600040139-9																					
No.	BATCH			INVOICE NUMBER	PURCHASE ORDER	CHECK NUMBER	PAYMENT DATE		Vendor Number	GROSS AMOUNT	DISCOUNT	Tax Class	Cost Element	TR. CODE	COST CENTER			CHARGE DISTRIBUTION			NET AMOUNT
	Mo.	Day	Yr.				Mo.	Day							Med.	Int.	Sub.	Account	M.I.O.	S.O.	
	12	30	68	6646	481		01	05	429				1	50	25	00	00	12501	3032	04	375 375 375*

Approved For Release 2001/08/15 : CIA-RDP64-00360R000600040139-9

THE RAMO-WOOLDRIDGE CORPORATION

FORM STL - 680

ACCOUNTS PAYABLE

DATE

No.	BATCH			INVOICE NUMBER	PURCHASE ORDER	CHECK NUMBER	PAYMENT DATE		Vendor Number	GROSS AMOUNT	DISCOUNT	Tax Class	Cost Element	TR. CODE	COST CENTER			CHARGE DISTRIBUTION			NET AMOUNT	
	Mo.	Day	Yr.				Mo.	Day							Met.	Int.	Sub.	Account	M.I.O.	S.O.		Work Order
80	12	29	6	25790	46324		01	02	290				1	50	25	00	00	12501	2032	26		5612
80	12	29	6	E-31100	46143		01	02	290				1	50	25	00	00	12501	2032	26		13440
	12	30	6	6646	481		01	05	429				1	50	25	00	00	12501	2032	26		19802
																						19802
																						*

THE RAMO-WOOLDRIDGE CORPORATION

FORM STL - 660

ACCOUNTS PAYABLE

DATE

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No.	BATCH			INVOICE NUMBER	PURCHASE ORDER	CHECK NUMBER	PAYMENT DATE		Vendor Number	GROSS AMOUNT	DISCOUNT	Tax Class	Cost Element	TR. CODE	COST CENTER			CHARGE DISTRIBUTION			NET AMOUNT	
	Mo.	Day	Yr.				Mo.	Day							Maj.	Int.	Sub.	Account	M.I.O.	S.O.		Work Order
00	12	29	00	50790	46324		01	02	290				1	50	25	00	00	12501	3032	27		2806
00	12	29	00	E-3180	40149		01	02	290				1	50	25	00	00	12501	3032	27		6720
	12	30	00	0046	401		01	03	425				1	50	25	00	00	12501	3032	27		3750
																						9901
																						9901
																						9901

THE RAMO-WOOLDRIDGE CORPORATION
FORM STL - 660

ACCOUNTS PAYABLE

RECEIVED
DATE

No.	BATCH		INVOICE NUMBER	PURCHASE ORDER	CHECK NUMBER	PAYMENT DATE		Vendor Number	GROSS AMOUNT	DISCOUNT	Tax Class	Cost Element	TR. CODE	COST CENTER			CHARGE DISTRIBUTION			NET AMOUNT	
	Mo.	Day				Yr.	Mo.							Day	Mej.	Int.	Sub.	Account	M.J.O.		S.O.
95	12	30	5851	45061		01	05	1411				1	50	25	00	00	12501	5044	01		2000 2000 2000

FORM STL-680

THE RAMO-WOOLDRIDGE CORPORATION

ACCOUNTS PAYABLE

RECEIVED DATE

DATE

Page 5

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No.	BATCH			INVOICE NUMBER	PURCHASE ORDER	CHECK NUMBER	PAYMENT DATE		Vendor Number	GROSS AMOUNT	DISCOUNT	Tax Class	Cost Element	TR. CODE	COST CENTER			CHARGE DISTRIBUTION			NET AMOUNT	
	Mo.	Day	Yr.				Mo.	Day							Mej.	Int.	Sub.	Account	M.I.O.	S.O.		Work Order
93	12	30	0	10179	00344		01	05	1630				1	50	25	00	00	12501	5044	02		20392 10392 10392

DATE _____

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[illegible]

ACCOUNTS PAYABLE

DATE _____

Page 1

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